



Receipt

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION OF

Inventor(s): WEST et al.

Appln. No.: 09 527,026

Series Code ↑ Serial No. ↑

Filed: March 16, 2000

ATTENTION: Office of Initial Patent Examination
Customer Service Center

TECH CENTER 1600/2900

SEP 27 2001

RECEIVED

Title: TELOMERE RESTORATION AND EXTENSION OF CELL LIFESPAN IN ANIMALS CLONED FROM
SENESCENT SOMATIC CELLS

Date: July 6, 2001

Asst. Commissioner of Patents
Washington, D.C. 202031

Sir:

REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.

2. There is an error with respect to the following data which is

☒ incorrectly entered
Error in

and/or

☐ omitted

Correct data

1. ☐ Applicant's Name

1.

2. ☐ Applicant's Address

2.

3. ☒ Title

3.

TELOMERE RESTORATION AND EXTENSION
OF CELL LIFESPAN IN ANIMALS CLONED FROM
SENESCENT SOMATIC CELLS

4. ☐ Filing Date

4.

5. ☐ Serial Number

5.

6. ☐ Foreign/PCT Application Re

6.

7. ☐ Other

7.

3. It is understood that the PTO no longer charges for correcting filing receipts even when the error is applicants' mistake, but if that is incorrect and a fee is due for this correction please charge our Deposit Account No. 03-3975 under Order No. 60256/277085

**Pillsbury Winthrop LLP
Intellectual Property Group**

1600 Tysons Boulevard
McLean, Virginia 22102

By Atty: Robin L. Teskin

Reg. No. 35,030

Tel: 703.905.2200
Atty/Sec: RLT/ml

Sig: 

Fax: 703.905.2500
Tel: 703.905.2000

(Attach Filing Receipt copy and PTO receipt PAT-103A)

Inventor(s): WEST et al. Atty. Dkt. 275459/
Appln. No.: 09/527,026 or Patent No.: _____
Filed: March 16, 2000 or Issued.: _____ M# / Client Ref. _____
Title: TELOMERE RESTORATION AND EXTENSION OF CELL LIFESPAN IN ANIMALS CLONED FROM
SENESCENT SOMATIC CELLS

SMALL ENTITY STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(d) and 1.27 (c)) - SMALL BUSINESS CONCERN

I hereby state that I am

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:
NAME OF CONCERN Advanced Cell Technology, Inc.
ADDRESS OF CONCERN One Innovation Drive, Worcester, Massachusetts 01605 USA

I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention entitled: TELOMERE RESTORATION AND EXTENSION OF CELL LIFESPAN IN ANIMALS CLONED FROM SENESCENT SOMATIC CELLS
by inventor(s) WEST et al. described in

x → ☐ the specification filed herewith,
one → ☒ Application No. 009/527,026, filed March 16, 2000
box → ☐ Patent No. _____, issued _____

If the rights held by the above identified small business concern are not exclusive, each small entity individual, concern or organization having rights to the invention is listed in (A) and (B) below and no rights to the invention are held by any person, other than the inventor, who could not qualify under 37 CFR 1.9(c) as an independent inventor if that person had made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

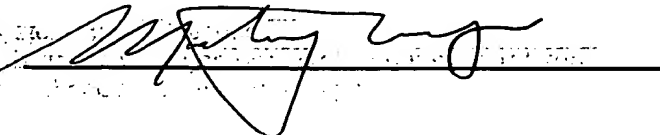
- (A) FULL NAME of assignee/licensee/grantee/conveyee* _____
ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION
- (B) FULL NAME of assignee/licensee/grantee/conveyee* _____
ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

*NOTE: Separate statement is required from each person, concern or organization named in (A) and (B) above having rights to the invention, averring to his/her/its status as a small entity. (37 CFR 1.27)

I acknowledge the duty to file, in this case, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

NAME OF PERSON SIGNING Michael D. West, Ph.D.
TITLE OF PERSON OTHER THAN OWNER President
ADDRESS OF PERSON SIGNING Advanced Cell Technology, Inc.
One Innovation Drive
Worcester, MA 01605 USA

SIGNATURE



DATE

6-28-01



UNITED STATES PATENT AND TRADEMARK OFFICE

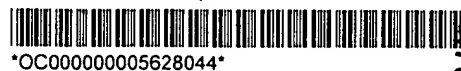
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UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/527,026	03/16/2000	1636	1193	000270-111	5	68	12

21839
BURNS DOANE SWECKER & MATHIS LLP
POST OFFICE BOX 1404
ALEXANDRIA, VA 22313-1404



FILING RECEIPT



OC000000005628044

Date Mailed: 12/19/2000

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SEP 27 2001
TECH CENTER 1600

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Michael D. West, Worcester, MA ;
Jose Cibelli, Holden, MA ;
Robert Lanza, Worcester, MA ;

Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/179,486 02/01/2000
WHICH CLAIMS BENEFIT OF 60/152,340 09/07/1999

Foreign Applications

If Required, Foreign Filing License Granted 06/17/2000

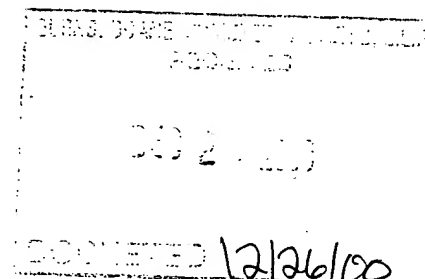
** SMALL ENTITY **

Title

Methods of restoring telomere length and extending cell lifespan using nuclear transfer

Preliminary Class

435



Data entry by : BRITTON, PAULA

Team : OIPE

Date: 12/19/2000



10-1-01



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CONFIRMATION NO. 1630



Bib Data Sheet

SERIAL NUMBER G9/527,026	FILING DATE 03/16/2000 RULE	CLASS 800	GROUP ART UNIT 1632	ATTORNEY DOCKET NO. 000270-111
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APPLICANTS
Michael D. West, Worcester, MA;
Jose Cibelli, Holden, MA;
Robert Lanza, Worcester, MA;

**** CONTINUING DATA *******
THIS APPLN CLAIMS BENEFIT OF 60/179,486 02/01/2000
AND CLAIMS BENEFIT OF 60/152,340 09/07/1999 *9w*

**** FOREIGN APPLICATIONS *******
None *9w*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
** 06/17/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>9w</i>	STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 68	INDEPENDENT CLAIMS 12
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Verified and Acknowledged
Examiner's Signature _____ Initials _____

ADDRESS
909

TITLE
Telomere restoration and extension of cell lifespan in animals cloned from senescent somatic cells

FILING FEE RECEIVED 1193	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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